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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### ON THE USE OF COMPRESSED AND RAREFIED AIR.

BY A. BLUMBERG, M. D.,  
Of Pittsburg, Pa.

(Read before the Allegheny Co. Medical Society.)

GENTLEMEN:—I take the liberty this evening to draw your attention to a subject which has, for the last two years, occupied the attention of the most prominent physicians of Europe, but which has apparently received but little if any attention in this country, up to the present time. Dr. Waldenburg, Professor in the Medical College of Berlin, perfected an apparatus for the cure of chronic lung and heart diseases, by inhalation of compressed and rarefied air, which he called a "pneumatic apparatus." I presume you have all read an account of the diseases for which this machine is particularly applicable, and of the principles on which it is founded, and so I will give no description of it, but shall proceed to give a brief account of two cures performed through its agency by me in the last two months, that being the length of time since I received this apparatus from Berlin.

R. G., laborer, aged 42 years, came to my office about a year and a half ago, to be examined for a life insurance company, for which I am examining physician. Upon examination, I found that he had chronic bronchitis, with a partial emphysema of both lungs. Percussion

showed the usual abnormal sound of emphysema on both sides. The dullness of the liver began in the ninth rib, the diaphragm was lower than usual, the dullness of the heart was not fully marked, and the heart was nearly covered by the extended lungs. By auscultation, I found chronic catarrh in the bronchia, as is usual in such cases of emphysema (rhoncus sonorous, etc.), his lung capacity at that time being twenty-four hundred and forty-two centimetres. Some two or three weeks after this he called at my office for medical advice, admitting that he had had a cough for the last ten years, and was also troubled with shortness of breath, particularly on walking fast, and in ascending stairs. He could give me no information concerning the origin of his sickness. He merely said that, as far back as he could remember, he was always unable to run fast, on account of shortness of breath. I ordered him the usual expectorants, in different forms, but without any relief. After getting this Waldenburg apparatus, I thought I would give him a trial of it, and after two months' daily use of the rarefied air, through this apparatus, I found, by examination, the murmur and sound of his lungs clear and distinct. His liver and diaphragm returned to their proper position; his cough has entirely left him, and he is now able to work all day, without being troubled by shortness of breath. During the last weeks of his treatment he was able to ascend the long flight of steps leading from Second street to Pittsburg, without stopping to take breath. His improvement became perceptible after two weeks of this treatment. The capacity of his lungs had increased at the end of his treatment

to forty hundred and eleven cubic centimetres. To-day he called at the office in passing by, and upon my asking him how he felt, he replied, first-rate. The capacity of his lungs is still the same, forty hundred and eleven cubic centimetres.

Miss C. M., age 23, was, up to three years ago, in good health. In February, 1873, she had an attack of pleuro-pneumonia, by which she was confined to her bed for some weeks. Since that time her left lung had not returned to its normal condition, and she complained of a sharp pain in her left side, in the region of the axillar line. The pain and a feeling of tightness covered almost the whole space of the middle lobe, which pain and tightness were increased by fast walking and ascending stairs. The patient lives on Boyd's Hill, and in going up the hill she was obliged to stop many times to take breath. She said she felt as though she had a large lump in the before-mentioned place, which caused a feeling of tightness in the extension of the lungs. An inspection of the thorax, on deep inspiration, showed that the middle lobe of the left lung, in the axillar region, did not admit of as much extension as the right one. Percussion normal on both sides; auscultation vesicular, the right somewhat sharper than the left.

From these symptoms, and physical examination, I could arrive at no other conclusion than that this was caused by adhesions of the pleura in the middle lobe of the left lung, following the attack of pleuro-pneumonia which she had had. Having told me that she had been under treatment for a long time, without obtaining any relief, I concluded to give her a trial with the pneumatic apparatus. From the 11th of July until the 25th she made daily use of this treatment, by inhalation of compressed air. On the fourth day of her treatment the patient told me that she could ascend Boyd's Hill with less difficulty in her breathing than heretofore, which improvement steadily increased, until, at the expiration of two weeks, her asthma was completely cured; the pain in her side became better, and after an application of cups and a fly blister, the pain also left her entirely.

I have several more patients undergoing this treatment for lung diseases, who commenced at a later date; some of them are improving. These cases I will bring to your notice at another time.

## THE MANAGEMENT OF CASES OF CHOLERA MORBUS.

BY CHARLES C. PIKE, M. D.,  
Of Peabody, Mass.

Every active physician is aware how unpleasant it is to be called out of a sound sleep in the middle of the night, as we usually are, to relieve a case of acute indigestion or cholera morbus, as it is commonly called. He finds his patient suffering terribly with pain in the stomach and bowels, vomiting and purging, the air in the room necessarily rendered sickening and disgusting thereby; or, perhaps not having been called early enough, he finds the patient rapidly sinking into a collapsed state, with cold extremities, cramps, etc. Writers on this disease advise giving small doses of morphine, morphine and calomel, brandy, and ice, etc. All of which, in my experience, are very likely to be rejected by the stomach, and generally we are obliged to work over our patient for an hour, and oftener two or three hours, before we can feel sure that the disease is controlled. The hypodermic use of morphine will usually give prompt relief; but from prejudice on the part of friends, or from other causes, we are often debarred from using it.

Living in a town where there are a large number of Irish laborers, and consequently having many cases of cholera-morbus to treat, I have adopted a plan of treatment which, while I by no means claim it as original, serves me admirably: *i. e.*, I do not now find myself obliged to remain with the patient but a few moments, where formerly I was obliged to stay an hour or two. Immediately upon reaching the bedside of the cholera-morbus patient, I order "saleratus and water," viz., half-teaspoonful of saleratus, to a cup full of water of summer temperature. If the patient has already cleared the stomach by vomiting, this will at once neutralize the sour condition of that organ, and relieve the nausea, and if vomiting have not taken place the combination of the alkali with the acid contents of the stomach will usually induce action enough to cause vomiting, which of course is desirable to an extent of unloading the stomach of its contents, after which I give more of the saleratus water, which will soon stop the vomiting. Then, with a small 2-oz. metallic syringe, which I always carry—one with a ring on the end of the piston, so that it can be used with one hand, is best—I use a

small clyster composed of from one-half to one teaspoonful of laudanum, of which I always carry a small phial, and enough of the saleratus water to nearly or quite fill the syringe; this to be gently thrown into the rectum by yourself, or the nurse, if you can depend upon her doing it faithfully; tell them if the patient vomits to give the saleratus water, of course, not omitting to apply external warmth or irritants, as may be necessary, and then go back to your bed again, seldom staying in the house more than twenty minutes.

I have treated a great many cases in this way—a hundred at least—and as yet have never been called to the same patient twice in the same night, an event which happened far too often when I used other means for controlling the disease. There is no dread lest by mistake on the part of attendants an overdose of opiate may be administered. The laudanum acts as a sedative and also a stimulant, just what the patient needs, and the dose, from a half to one teaspoonful of laudanum, by clyster, would not be likely, under any circumstances, to do harm.

#### ON FOREIGN BODIES IN THE TYMPANIC CAVITY AND THEIR REMOVAL.

Condensed from an article by R. Voltolini in *Monatsschr. für Ohrenheilkunde*, x 69, 85.

The specialist in otology is a necessity, if for no other reason, to remove foreign bodies from the external meatus, since incalculable injury has been accomplished by unpracticed physicians in operations of this kind. Patients have lost their lives, or if allowed to survive, there remains perforation of the drum-head, suppuration, lasting for years, polypi, etc. This is not a thing of the past, but of the present; not only of country physicians, but of the city as well; even of the university towns! Even two or three physicians may be engaged, since at all odds the foreign body must be had! Indeed, a foreign body can never cause as much damage as does the rough attempts at extraction. On this account, "it is desired of every physician, not that he can remove the foreign body from the ear, but that he can leave it quietly remain. When he has done this he has done his duty."

But shall this same advice be given when the foreign body is within the tympanic cavity?

If a special study of otology has not been made, by all means, since the search for the foreign body would cause the greater damage. But how must the specialist proceed? This question I have asked myself, but it is a difficult one to answer, since the authorities give only general indications. Rau (*Ohrenheilk.*, p. 371) suggests to drive it out by means of a stream of water through the Eustachian tube; which now is looked upon as a theoretical fancy. J. Gruber (*Ohrenheilk.*, p. 429) is of the opinion that if other means fail, one should enter the middle ear through the mastoid; a procedure only to be adopted in the most extreme cases.

A question of importance, which should first be answered, is: Can a foreign body in the middle ear be treated in the same manner as those in the external meatus; that is, can it be allowed to remain quietly without haste for its removal? As there is no information to be found on this subject, anything that will throw light upon it will be of service.

Two things must receive especial attention in this connection: 1. Has the perforation entirely healed, or to such a degree that the perforation must be enlarged to effect the removal? or, 2. Does there remain a perforation of sufficient size to remove the foreign body? In either case there remains this difficulty: the foreign body may be of such a character as to swell, and so wedge itself that even with no membrane it cannot be removed.

In my attempts to secure a permanent opening in the drum-head, the eyelet, which I had placed in the opening, has fallen into the middle ear, since, after I had felt sure of the result, an inflammation set up from some cause, and loosened the eyelet, which dropped either into the external meatus or the tympanic cavity. When the parts are in condition I can remove the eyelet by means of a delicate hook constructed for the purpose. But when the drum-head has healed over the eyelet before I make the search, the question remains, shall I allow it to remain, or shall I remove it?

In one case, where, under illumination from bright sunlight, I saw the foreign body through the drum-head, I cut through and removed it with the hook. In another case I failed, partly on account of the restlessness of the patient, partly because the foreign body slipped out of sight. I persevered, however, until the irritation caused by the hook was so great that I questioned myself whether I should continue

the search or not, and reasoned in this way: If I continue my endeavors, I shall *certainly induce* an inflammation, of which the limits may not be able to be measured; but to allow the foreign body to remain is only *doubtful* that an inflammation may ensue. Consequently, I allowed it to remain, and have not, as yet, repented of my decision. Indeed, in another case where the eyelet was allowed to remain, everything healed up and the patient heard better than before. In another case about which I was consulted, the physician had the misfortune to have a part of an operating instrument break in the middle ear. I advised him to let it lie quietly, and there have been no evil consequences. From this experience I have arrived at this conclusion: when the foreign body cannot easily be removed, allow it to lie quietly; use no force.

In the above cases the foreign body was of a hard, unyielding substance. I have had a case in which a body capable of swelling was lodged in the middle ear.

Adolph Hoffman, aged 8, had running in both ears, with perforation, for about a year. On December 28th, 1875, he thrust a French bean in his left ear. His mother took him to a hospital, where a forcible endeavor was made to remove it; results, great suffering to the boy, and the bean forced further in the ear. Quite late in the evening, the mother brought him to me. I saw that the bean was quite deep in the ear, advised no present interference, and requested to see him next day. After a careful cleansing of the ear with the syringe but a small white extremity of the bean could be seen, the rest being hidden and wedged in the middle ear. The boy would not permit the use of an extracting instrument; and if placed under the influence of chloroform, what instrument would avail? There being no tinnitus, there was no immediate haste, and I ordered cold applications. As yet there were no alarming symptoms; what there might be, when the bean should swell, no one could tell. The only instrument which could be employed was the galvanic-caustic, using my small silver cautery, which heats and cools with lightning celerity. It was tried on the hard bean, giving but a moment's touch, but with little effect. This corresponded to experiments made with a similar bean. The warm douche was then ordered for fifteen minutes at a time, in order to soften, and the application of the cautery made daily, sometimes burning

it twenty minutes at a sitting, and carefully removing the debris by a syringe. The operation was painless. As soon as the boy recovered from the fear induced by the first use of forceps, he showed no fear; his appetite increased, slept well, and was quite lively. The only precaution used was to prevent his going out during the cold weather, except to visit me. By January 13th so much of the bean was destroyed that he complained of the syringe water flowing into his mouth. Four weeks, precisely, after the accident, on January 25th, one-half of the bean clung to the cautery, and was removed with it. The next day the remaining half was removed, which was followed by the husk, which was wholly removed. The bean, in swelling, had pressed itself into the shape of the middle ear.

We conclude from the above—1. That it is not necessary to act precipitately; and, 2. The galvanic-cautery will be of service when all other instruments fail. However, one must possess a good battery, a proper instrument, and the necessary skill, or he may bring the operation into disgrace. In my "Anwendung der Galvano-Cautik, etc.," I have spoken at length of the details of the operation.

## MEDICAL SOCIETIES.

### INTERNATIONAL MEDICAL CONGRESS.

(Concluded from No. 1020.)

THIRD DAY, WEDNESDAY, SEPTEMBER 6TH.

The International Medical Congress reassembled at 10 A. M., and was called to order by the President, Dr. Gross.

Dr. J. L. Atlee, of Lancaster, Pa., made a motion that copies of the paper read yesterday, in hygiene, be transmitted to the Governors of all the States and Territories, and to the Dominion of Canada. Agreed to.

Dr. Traill Green, of Easton, Pa., moved that the paper of Professor T. G. Wormley be printed, and his wife's name be added to the roll of the Convention, as she had drawn and engraved all the illustrations for his recent valuable work on Micro-Chemistry. The portion of the motion relating to Mrs. W. having been withdrawn, the resolution was adopted.

A telegraphic dispatch was received from the National Temperance Society, at New York, asking the Congress to declare for total abstinence; that alcohol be classed with other powerful drugs, to be prescribed with caution and with a grave sense of responsibility; that it is in no sense food to the human system; that its use is productive of a larger amount of physical disease, tending to deteriorate the



human race; and to recommend, as representatives of enlightened sense, to your several nationalities total abstinence from alcoholic beverages."

The matter was laid upon the table.

The following plan on International Uniformity in Clinical Observations and Records of Physicians was presented by Dr. Harewood, delegate to Brussels, and Dr. Seguin, the delegate of the A. M. A. to the I. M. C., of Philadelphia, which was agreed to, and the President directed to name the delegation:—

"The International Medical Congress of 1876 recognizes the advantages which would accrue from the introduction of a gradual uniformity in the multiple and heterogeneous elements of physics, as posology, nomenclatures, etc., and in the means and records of medical observation. In consequence, this Congress appoints as delegates to the International Congress of 1877, \* \* \* \* \* with the special mission of presenting a schedule of the means of uniformity in physics actually applicable in all countries, and another of those which could soon be made acceptable by the profession at large. Said delegates to be advised to invite the coöperation of the men who have already worked for the same cause at the International or National Medical or Pharmaceutical Congresses of Paris, Vienna, St. Petersburg, Brussels, and Buffalo.

(This last name is added to the list because the Association for the advancement of Science has just appointed a commission to prepare a plan of international uniformity of nomenclatures. The facts are that in science, industry, money matters, the same want of uniformity here expressed is felt irresistibly.)

Reports were received from the Sections and referred. The following are the conclusions from the Section on "Mental Diseases."

There is at present a manifest tendency to hold the insane responsible for criminal acts.

That this tendency is unjust, unphilosophical, and contrary to the teachings of pathology, which clearly point out that insanity is but the expression of disease.

These conclusions were endorsed by the Section.

Paul F. Eve, M. D., professor of operative and clinical surgery in the University of Nashville, read the Address in Surgery. He said this was but coming back to his dear old alma mater. While this may be the Centennial of National Independence, it is not that of the profession. It was as late as 1820 that the taunt was uttered, "What does the world yet owe to an American physician or surgeon?" He who may be regarded as the father of American surgery—Philip Sing Physick—was only eight years old at the time of the Revolution. He was among the first to apply animal ligatures, employing buckskin for that purpose. A striking proof of Dr. Physick's appreciation in Europe—his work became the text-book of the University of Edinburgh. Of him it has been said that he never spilled a

drop of blood uselessly. Intimately connected with the rise and progress of surgery in America were four others, viz.: Warren, Mott, Dudley and Gibson. Valentine Mott was a native of Rhode Island. Dr. Dudley was a native of the West, and spent several years in Europe. He gave but little medicine, but insisted upon the observance of hygiene. He was for years the surgical patriarch of the West. William Gibson was born in Baltimore, in 1784. It was he who extracted the ball from General Scott at Lundy's Lane.

Dr. Gibson was probably the best lecturer we have ever had in America. His memory was so retentive that he was known to repeat three hundred lines of Virgil. He has performed the Cæsarean section twice on the same patient, saving mother and child. American surgeons present a creditable report on the subject of amputation. The official reports of the late war show that the mortality in the medical staff was greater than that of any other. Not less than fourteen foreign journals noticed our army medical reports. In the Prussian service our ambulance was adopted. It has been reserved for American surgery to teach the world how to relieve or prevent human suffering. Fifty years ago not half a dozen Americans were known abroad as surgeons, and as early as 1859 Dr. Reese, in preparing an American edition of Cooper's *Surgical Dictionary*, introduced no less than one hundred and nine American contributors.

Mr. Erickson declared most emphatically that there had not been a case of recovery from primary hip-joint amputation recorded in military surgery previous to our late war, whereas during the late war three or four cases were reported as successful. In an address to the students of St. Thomas' Hospital, London, October, 1874, Dr. McCormack said: "No European nation, probably, can point to such a monument of industry, so great a mass of valuable material carefully preserved and digested, as are the records of the Medical Department, United States Army. It is," he continues, "an undertaking simply gigantic, reflecting credit on the government that originated and the men who carried it out. Such records are of the utmost benefit, both to military and civil service." Well has it been said that no imagination can conceive, no tongue can express the accumulated woe anæsthesia has assuaged and is yet destined to prevent and relieve. That it is American in origin, the authority of Sir William Ferguson will suffice, who says that to Americans is undoubtedly due the honor of establishing the practice of anæsthesia in surgery. In closing, he spoke of the efficiency of the United States Government medical and surgical service.

An address was then delivered by J. M. Toner, M. D., of Washington, D. C., on Medical Biography. He said: I shall confine myself to the narration of a few simple facts in the lives of the more illustrious, and recording the names of physicians who attained distinc-

tion during the century. Wars have generally been promotive of medical science, and our profession was no doubt much benefited by the contest for independence.

For the first quarter of a century after this armed struggle, the leading physicians and surgeons were those who had served in the army. The most notable event of this period was the occurrence of two epidemics of yellow fever, which appeared in the summers of 1793 and 1798, in nearly all our Atlantic cities. This disease tested the courage and taxed the skill of the profession, and prompted the most eminent to reduce their observations to writing. To us it is an agreeable surprise to find that there were then so many medical men of literary ability in our country. The second quarter of the Centennial period was distinguished by the introduction of vaccination, the occurrence of spotted fever and the war of 1812. All these events stimulated the profession. The aspirations which it aroused gave an impetus to the establishment of medical periodicals and founding of medical colleges and hospitals.

The third quarter of the century may be marked as noted for the discovery of anæsthesia, the epidemics of Asiatic cholera of 1832 and 1848, as well as the discovery and the application of many new and improved methods of physical exploration. These aids to diagnosis encouraged more than ever the recording of chemical observations and publications. Medical journals multiplied and new medical colleges were founded in most of the States.

The last quarter, which has just closed, is specially distinguished by the vast experience of the late war, which was a great school, and which has benefited the whole medical profession, the extended use of anæsthesia in painful surgical operations, the increase of scientific means for exact diagnosis, and the introduction of new and potent remedies and modes of administration. I have concluded the retrospect by formal biographies of one hundred of the most eminent medical men of the United States for the century. We know that greatness in any avocation, much less in the medical profession, cannot be thrust upon the undeserving. Only those who have done something to advance medical knowledge or improve the methods of cure will live in history.

The natural ability, habits of industry and systematic knowledge of Dr. Benjamin Rush, added to his acquaintance with men and public affairs, easily place him at the head of the list of the eminent medical men of the century. His professional skill and high moral and benevolent character rendered him popular with the profession and endeared him to the people. His fame has suffered but little by the lapse of time. His writings are numerous and valuable. But as the subject of medical literature has been assigned to an abler person, I shall leave that branch entirely to him.

Speaking of Dr. John Warren (1753-1815), the author says:—

He acquired experience and reputation in the

hospitals of the Revolution. While attached to the hospital at Boston, in 1872, he founded the Medical Department of Harvard College, in which he was Professor of Anatomy and Surgery.

The paper also contains a number of others, down to the present period, which is omitted. In conclusion it says; I wish to bear testimony that the study of the lives of the physicians of America, for the Centennial period, has produced in me, as it will upon others, a profound conviction that eminence and honorable distinction in the profession are the legitimate result of good education and professional knowledge, conjoined to high moral character and devotion to professional duty.

The temple of fame holds no more honored tablet than those on which are inscribed the names and deeds of the worthy members of the medical profession.

That the members of this Congress may deserve to have their names perpetuated to fame through all succeeding ages is my earnest prayer. To have our own thus enrolled we may not hope for, since this is granted to but the immortal few. But to be their modest imitators, and practice the self-denial of which they have set us an example, is within the reach of all.

On motion, both addresses were referred to the Committee of Publication.

In the evening, Dr. J. J. Woodward, Surgeon, U. S. A., delivered a lecture before the Congress, at the Jefferson Medical College, on the Medical Staff of the United States and its scientific work.

#### FOURTH DAY—THURSDAY, SEPTEMBER 7TH.

The International Medical Congress resumed its session in the Chapel of the University of Pennsylvania, Dr. S. D. Gross, President, in the chair.

Dr. H. I. Bowditch, of Massachusetts, offered the following, which was adopted:—

WHEREAS, The work already accomplished by the officers connected with the Bureau of the Surgeon-General of the United States, in the establishment of a medical library, and in the preparation of its ample and unique catalogue, in the formation of an anatomical museum from which important scientific results have already been obtained, and which have been not only a source of honor to these United States, but of value to foreign nations and wherever science is cultivated; and

Whereas, This Congress learns with regret that, owing to the lack of a sufficient clerical force and of pecuniary means, not only some of the work already in progress has been suspended, but that other work of equal value cannot be undertaken, although ample materials for the same are now lying unused in the Surgeon General's office; therefore,

Resolved, That a committee of three be appointed to prepare a memorial to the Congress of the United States, at the earliest day possible, at its next session, urging efficient support to these most important works.

*Resolved*, That it is desirable that said memorial should be signed by the President, Vice-Presidents, and Secretary of this body.

The reports from the different sections were then made.

Dr. J. P. White, of New York, said that politicians did not care anything for sanitary science, and that it was well enough to send a copy of the paper of Dr. Bowditch to the Governors of the different States, but it was too important to let the matter rest with depositing the papers in the pigeon-holes of the Governors.

He moved that copies of the address be sent to the President of each State and Territorial Medical Society in the United States and in Canada, and to each Sanitary Board, requesting them to bring the subject before the next meeting of their organizations.

Dr. John L. Atlee, of Lancaster, said that each individual should use his personal influence with the Governor of his State.

The resolution of Professor White was then adopted.

Dr. Gross announced that he had appointed as the delegates to the International Medical Congress, to meet at Geneva in 1877, Dr. H. I. Bowditch, Mass.; E. Seguin, N. Y., and J. J. Woodward, U. S. Army.

Dr. H. Miyake, of Toko, Japan, was then introduced, and occupied the chair during the reading of

The Address in Obstetrics, by Theophilus Parvin, M. D., Professor of Obstetrics in the College of Physicians and Surgeons of Indiana. He said the eighteenth century was marked by great advances in obstetrical knowledge. The germ of American obstetrics was British, rather than French. Seventy or eighty years ago the practice of obstetrics was almost exclusively in the hands of women. The name of William Potts Dewees should live forever. He has by his works reared a monument more enduring than quarried granite or molten brass. The present century has been marked by some of the most important advances in obstetrics. He traced with much care the progress of the obstetrical art during the century just closed. Anæsthesia must be considered one of the greatest glories of obstetrics. The administration of chloral for relief has also had many advocates in this country. An advance has been made in the more liberal diet and hygiene of women. The speaker referred, among other things, as signs of progress, to the establishment of women's hospitals.

The address on medical jurisprudence was then read by Stanford E. Chaille, M. D., Professor of Physiology and Pathological Anatomy, of the University of Louisiana. He stated that medical jurisprudence owes its power to knowledge derived from every branch of medicine, but the law determines how far this power shall be utilized in the administration of justice. Hence the development of medical jurisprudence has varied in different nations with the progress of medical science, and with the extent of its application to the protection of property, repu-

tation and life. Efficiency in this legal application varies with the appreciation of medical knowledge by the rulers of a nation, and since an adequate appreciation is limited to the educated few, and is not yet disseminated among the mass of any people, it results that laws more favorable to the culture of legal medicine are to be found in nations ruled by the educated few than in those governed by the people. The unequal development of medical jurisprudence in different nations finds in these facts an explanation, in large part, at least. The Papal Canon laws, originating many medico-legal questions, sowed in 1670, by the hand of Zacchias, a Pope's physician, the first sound seed of medical jurisprudence in the land of Columbus, then the home of science and the arts. The new-born shoot languishing in Italy, was transplanted in German soil, where it received such culture as nourished its youth, developed its fruit, and reproduced seed to germinate in other lands.

To favoring legislation from 1532 to the present day, the fatherland owes its eminence in medical jurisprudence. Germany, for two centuries, has had an organization of medico-legal officials, to whom alone it entrusts the duty both to procure the medical facts needed by the courts, and to estimate the weight due such facts, from whatever source obtained.

In 1650 Michaelis delivered the very first lectures, and, as early as 1720, professorships of legal medicine were founded by the State.

France, from 1570 to 1692, enacted laws which, like those of Germany, favored the culture of legal medicine, but in 1692 medico-legal offices became hereditary and venal, and legal medicine languished until after the French Revolution. Since 1790 no nation had surpassed France in the culture of medical science; in addition, the judges appoint medical experts, and these, since 1803, must be graduates in medicine.

Great Britain transmitted to this nation laws barbarously conspicuous for the absence of provisions to apply medical knowledge to the administration of justice, and Anglo-American law continues to be in large measure hostile to medical jurisprudence. However, British laws have done something for the science, and little for the art. For Great Britain has fostered medical education, and in 1803 founded a chair of forensic medicine in one university, and now has such chairs in all its medical colleges; has, by the Registration act and other laws, greatly strengthened the medical profession, and has compelled its courts to accept expert evidence only from registered, and therefore educated, medical men.

The States of the Union have, for the most part, left the culture of medical science to individual enterprise, which supplies solely that which the private citizen demands—practitioners of medicine to heal the sick. The States have as yet made no demand for competent medical experts to aid the administration of justice, and have done nothing designedly for the

culture of medical jurisprudence. What growth can this branch of State medicine have so long as a State does not recognize even its existence.

From 1620 to 1722 the authority of the father of medico-legal science was supreme. Until 1726 it was taught that in the presence of the murderer his victims wounds did "open their congealed mouths and bleed afresh," and courts accepted the testimony of medical experts to this miraculous bleeding of the corpse. The effect upon a suspected homicide of touching the body of his supposed victim continued to be a legal expedient within the nineteenth century.

The highest medico-legal authorities taught belief in ghosts, witches, and possession by the devil, and united with the clergy, until 1752, in denouncing all disbelievers thereof as heretics and atheists.

During the hundred years now closing the progress of medicine has been greater than in all preceding time. Innumerable precious facts have been contributed by every branch of anatomy, and especially by pathological anatomy. In the United States there are probably 45,000 medico-legal autopsies made annually. The service of a skilled expert at these "coroner's inquests," which have exceptional opportunity and power to detect crime, is of inestimable importance. The opportunities there presented, if once lost, can never be regained. Further, our courts have annually from 2500 to treble this number of criminal trials necessitating medical testimony, and of these a large part originate from the coroner's inquests. If to those criminals be added all the medico-legal civil trials, it would be doubtless found that our courts require medical evidence in not less than 20,000 cases annually. Whatever the number may be, it would indicate inadequately the number of citizens whose welfare is involved, and the extent to which society is interested in the efficient application of medical knowledge to the administration of justice.

Now Anglo-American law intrusts medico-legal autopsies, which require special medical and some legal knowledge, to those having neither the one nor the other, except by accident, for these coroners, whose inexperience our law assures by constant "rotation in office," owe their position solely to political popularity, a qualification which a competent expert is most unlikely to possess. Are these unqualified officials supplied with efficient aid? If so, again by accident, since the law leaves it to chance or the Coroner, or to his still less qualified jury, to provide a medical expert, and, as is usual, accident and ignorance provide inexperience and incompetence. Could ingenuity devise for medico-legal autopsies any methods more inefficient than those which Anglo-American laws, framed before the birth of medical jurisprudence, have barbarously perpetuated?

But these legal defects, so paralyzing to the past, so discouraging to the future of Anglo-American jurisprudence, are not the only dis-

advantages against which this nation has had to contend.

The first chair of medical jurisprudence was established by the "College of Physicians and Surgeons" of New York city, and filled by Professor James S. Stringham, M. D., in 1813. In 1815 two other colleges had chairs devoted to the usual branches, with medical jurisprudence attached to some one of these. In 1825 there were about twenty-two medical colleges, and of these only one had a full chair.

On motion, both addresses were referred to the Committee of Publication, and the Congress adjourned to meet on Friday.

#### FIFTH DAY—FRIDAY, SEPTEMBER 8TH.

The International Medical Congress reassembled at 10 A. M. President, Dr. S. D. Gross, in the chair.

Dr. Paul F. Eve, of Nashville, Tennessee, presented a resolution prohibiting the publication, in abstract or entire, in any medical journal, of papers read before the Congress, until they have appeared in the printed minutes. This was adopted unanimously.

The reports from the Sections were received and ordered to be printed. The following is the report of the Section on Sanitary Science:—

First.—Every plan for the laying out and extension of a town or city should have, as an indispensable part of it, a corresponding and co-extensive plan for the continuation or the substitution of the natural drainage of the locality and for the proper construction of a system of sewers.

Second.—The question in regard to the removal of waste and impurities from towns is not as to the maintenance of sewers, but as to whether they should be depended upon alone, or should be supplemented, more or less largely, by other measures of conservancy.

Third.—Every sewer not supplied with a sufficient flow of water to secure the transportation of its contents is a nuisance, intensifying the evils it ought to remove. Ventilation of sewers will mitigate, but not entirely correct, such evils.

Dr. Davis, of Chicago, offered the following, which were adopted:—

WHEREAS, This Congress marks an era in the history of medicine in the United States of America, the address as delivered presenting a summary of progress in the various departments which will be of great historical value in all coming time; and whereas, it is highly probable that these addresses, in connection with the many very valuable papers read and discussed in the Sections, will require, for their early and proper publication, more funds than are at present in the hands of the Treasurer for the purpose; therefore

*Resolved*, That the Committee on Publication be authorized and instructed, as soon as practicable after the final adjournment of the Congress, to ascertain the probable cost of publishing the full Transactions in a style appropriate for the work, and if the money on hand is



found deficient, they shall address a circular letter to the American members of the Congress, asking for such additional sum, not exceeding \$10 for each, of such members, as will supply the deficiency; and that said committee be authorized to withhold the volume or volumes, when published, from any member who may neglect to pay the additional sum required.

*Resolved*, That the Committee on Publication be authorized and requested to exercise a careful and liberal discretion in preparing and revising the proceedings and reported discussions in the several Sections, for publication in the Transactions of the Congress.

The following are the conclusions on the general subject of quarantine, with particular reference to cholera and yellow fever, from the paper of Dr. Woodworth, Supervising Surgeon-General U. S. Marine Hospital Service.

After referring to the origin, history and conflicting systems of quarantine, and to the modes of propagation of cholera and yellow fever, Dr. Woodworth offers the following suggestions:—

Quarantine should embrace general sanitation, applied to the endemic homes of infectious diseases, to ships, and to the exposed places. It is impracticable to apply a uniform system of quarantine (applied to "Port Sanitation") to all places without reference to differences of geographical condition and climate, the commercial relations of the countries concerned, and the specific character of the disease to be combated. Hence, the measures enforced should be modified to meet the requirements of each case, taking into account the liability of infection of the threatened, the period of incubation of the disease, the length of time consumed in the passage of the vessel, and the sanitary measures enforced on board during the voyage. If these latter are recognized by the health authorities as they should be, this would furnish a strong tendency to proper ship sanitation—a most important aid in the exclusion of cholera and yellow fever.

The consular officers of the government should assist, by giving timely warning of the outbreak of these diseases, and of the sailing of suspected vessels.

The thorough disinfection of infected articles should be insured, while it must be borne in mind that disinfectants are not so much needed as cleanliness, and that their value depends in great measure upon the manner of their application.

Dr. W. maintains that by applying to the sanitary supervision of ocean traffic and travel such practical measures as are indicated by experience, the hindrance to commerce will be lessened, and greater security against the introduction of cholera and yellow fever.

The address on Mental Hygiene was then read by John P. Gray, M. D., of Utica, New York, Superintendent of the New York State Lunatic Asylum. He said: Mental Hygiene may be variously classified, but as a whole, it embraces all that relates to the de-

velopment, exercise and maintenance of mental activity in individuals, communities and nations, and must therefore be considered from an individual, a social and national point of view; it embraces education, social culture, religion and national life. It commences, therefore, at birth, and takes cognizance of even the constitutional tendencies of the individual, under laws of heredity as well as all the circumstances of subsequent life.

Mental activity is highly favorable to physical health and development, when systematically directed into useful channels, and intellectual labor seems, as a rule, to contribute to longevity.

In the early days of this Republic, with simplicity and plain living, we find the same rule holding good.

The lesson of mental hygiene for nations, which we have from example, is not that education and wealth, nor the refining influences of æsthetic art, will suffice for the highest development of national mind, but that if underneath and through all these are not interwoven the great truths of responsibility to the author and upholder of all governments, lifting man above the dominion of the baser passions, the nation dies as an individual dies, for, "unless the Lord build the house, they labor in vain who build it."

The address in Medical Literature was read by Lunsford P. Yandell, M. D., Professor of Physiology in the University of Louisville.

Dr. Yandell gave, at much length, a history of the books, journals, monographs, etc., emanating from the American press during the past century. He showed the great advances which have been made, and are still going on. So that now American text books are even reprinted abroad, thus reversing the rule that formerly obtained.

On motion, the addresses were ordered to be printed.

Adjourned till Saturday at 10 o'clock.

SIXTH DAY—SATURDAY, SEPTEMBER 9th.

The Congress met at 10 o'clock, Professor Gross presiding.

Reports were read from the different Sections. The Section on Medicine embraced the following:—On the paper of Dr. E. M. Hunt on "Alcohol in its Therapeutic Relations as a Food and a Medicine," the Section voted the following propositions, and referred them to the Congress:

1. Alcohol is not shown to have a definite food-value by any of the usual methods of chemical analysis or physiological investigation.
2. Its use as a medicine is chiefly that of a cardiac stimulant, and often admits of substitution.
3. As a medicine it is not well fitted for self-prescription by the laity, and the medical profession is not accountable for such administration or for the enormous evils arising therefrom.
4. The purity of alcoholic liquors is in general not as well assured as that of articles

used for medicine should be. The various mixtures when used as medicine should have definite and known composition, and should not be interchanged promiscuously.

Professor White offered the following resolutions, prefaced with appropriate remarks:—

*Resolved*, That the officers and trustees of the University of Pennsylvania are hereby tendered our cordial thanks for the very liberal use of their excellent buildings for the meetings of this International Medical Congress.

*Resolved*, That the officers and trustees of the Jefferson Medical College are hereby tendered the cordial thanks of this Congress for the use of their lecture-room for the most interesting lecture of Dr. J. J. Woodward, U. S. A.

*Resolved*, That the Centennial Medical Commission of Philadelphia are hereby tendered the cordial thanks of this Congress for the most excellent manner in which its members have discharged the arduous duties devolved upon them, and by which our pleasure and profit have been so much enhanced.

*Resolved*, That the President and other officers of the International Medical Congress of 1876 are hereby tendered the cordial thanks of the Congress for the excellent manner in which they have discharged the arduous duties devolved upon them, and by which our pleasure and profit have been so much enhanced.

*Resolved*, That the cordial thanks of the International Medical Congress are especially due to Drs. Thompson, Wilson, and Strawbridge, and to Messrs H. C. Lea and J. B. Lippincott, for their generous hospitality.

Dr. Grant, of Ottawa, Canada, arose and stated that at a meeting of the members of the Canadian medical delegates, held yesterday, the following resolutions were adopted unanimously:—

*Resolved*, That the Canadian members of the International Medical Congress desire to express their sense of the great consideration and urbanity with which they have been treated by the officers and members of the Centennial Medical Commission, and beg, by this resolution, to tender their warm thanks for the same.

*Resolved*, That the Canadian members of the International Medical Congress most cordially join with the other members of the Congress in thanking the members, and citizens of Philadelphia, for the generous hospitality extended to its members throughout the present session.

Dr. Sayre, of New York, offered the following, which was adopted:—

*Resolved*, That this International Congress request our President, Professor Gross, to sit for his portrait, and that the Committee of Publication be instructed to have the same engraved and printed in the frontispiece to the volume of our transactions.

Dr. Bowditch presented this resolution, which was adopted:—

That we, a brotherhood of physicians from the North, South, East, and West of this country, hereby tender to our associates from other lands our most earnest wishes that they may

have safe and happy returns to their homes, and we would suggest the hope that they will carry back many pleasant memories of this fraternal meeting now closing, and which has been most appropriately held in this generous and noble city of Philadelphia.

Professor Charles J. Hare, of England, read the following expression of congratulation from the delegates of Great Britain:—

"The delegates from Great Britain to the International Medical Congress at Philadelphia beg to congratulate the President and the several committees on the complete success of the Congress, on the high value of the various addresses presented to it, and on the forward impulse which it has given to the progress of medicine in the widest sense of that word. They desire at the same time to express in the strongest and warmest terms their sense of and their thanks for the unmeasured kindness and courtesy and the unbounded hospitality with which they have been received on this Centennial occasion, and to add that they will carry back with them a most grateful recollection of that warm right hand of fellowship which has been so warmly extended to them by their brethren of the United States."

This paper was signed by Charles J. Hare, M. Cantab, F. R. C. P., late Professor of Clinical Medicine in University College, and Physician to University College Hospital; R. Brudenell Carter, F. R. C. S., England, Hunterian Professor of Surgery to the Royal College of Surgeons of England; William Adams, F. R. C. S., President of the Medical Society of London.

Professor Gross arose, and as President, said there were no resolutions to act upon in this instance, but the remarks were received with grateful consideration.

The resolutions offered above were seconded by various delegates, in appropriate speeches, and adopted unanimously.

Pursuant to order, the hour of eleven having arrived, Nathan S. Davis, M. D., Professor of Principles and Practice of Medicine in Chicago Medical College, proceeded to deliver an address on "Medical Education and Medical Institutions," giving in detail a history of the commencement and progress of teaching in medicine from the time of its first teachers in Philadelphia, prior to the Revolution, down to the present. His paper contained much statistical matter, indicating the condition of medical education at the present time as contrasted with the beginning of the century. It stated that in the last year and the present one the entire number of students in medical colleges has been estimated at 6650, and of these, 2200 have received the degree of Doctor of Medicine.

The increase in the number of students in the past thirty-five years has been in the same ratio as the increase in population. There are now about 500 teachers of medicine in colleges.

On motion the address was referred for publication, and Dr. Gross, after a few congratulatory remarks, announced the Congress adjourned without day.

# CANADA MEDICAL ASSOCIATION AND AMERICAN MEDICAL ASSOCIATION.

A meeting of the Joint Committee of Conference appointed by these two organizations was held at the Jefferson Medical College on September 2d, at 12 o'clock, noon.

Present Drs. Edward H. Trenholme, J. A. Grant, F. W. Campbell, E. Robillard, of Canada; and Drs. H. J. Bowditch, E. Andrews, Samuel D. Gross, John T. Hodgen, and William B. Atkinson, of the United States.

On motion of Professor Gross, Dr. J. A. Grant, of Canada, was requested to preside; and Dr. William B. Atkinson, of the United States, to act as Secretary.

By request, the Secretary read the following communication, as explanatory of the conference:—

"Moved by Dr. Grant, seconded by Dr. Kingston—

"That in consideration of the best interests of medical science, it is desirable that a Medical Conference should take place between the American and Canada Medical Associations, at some central point, to be determined upon, and that the American Medical Association be advised as to the desirability of thus becoming more intimately acquainted, and affording an opportunity for the discussion of medical and surgical subjects on a common basis.

"Which motion was unanimously agreed to, when Dr. Kingston, seconded by Dr. Botsford, moved—

"That in the event of such a conference being determined upon, it would be desirable that the Secretary of the Canada Medical Association notify the different members, so that they may take part in a manner worthy of the occasion and in keeping with the best interests of medical science.

"Which motion was also unanimously adopted.

"A true copy from the minutes.

"S. H. DAVID, M. D.,

"General Sec. Canada Medical Association."

Dr. Grant, in an able speech, explained more fully the desires of the Canada Medical Association.

The subject was then discussed by Drs. Bowditch, Andrews, Campbell, Trenholme, and Gross.

Dr. Andrews then offered the following resolution, which was unanimously adopted:—

*Resolved*, That in the opinion of this Committee, the interests of medical science will be promoted by a consolidation of the American Medical Association and the Canada Medical Association in one body.

On motion of Dr. Gross, seconded by Dr. Andrews, it was unanimously

*Resolved*, That the President of the American Medical Association and the President of the Canada Medical Association be requested to embody this idea properly and emphatically in their addresses before their respective Associations.

On motion, the Conference adjourned, with thanks to the President and Secretary.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Esmarch's Method and its Use in Aneurism.

In his address before the British Medical Association, Mr. Farrell says, on this subject:—

Esmarch's method secures a twofold desideratum in cases where its application is practicable, for it procures for the surgeon as clear a view of the parts he is operating upon as if he were operating on a dead body, and it secures for the patient the great boon of undergoing operation with the least possible loss of blood. I know it has been urged, in objection to its employment, that there is the risk of squeezing up into parts above inflammatory products, blood-clots, or partially disorganized blood; but I think, with care in the application, such accidents can rarely happen. Often as I have applied it, I never remember to have come across such results. The only unfortunate effects I have seen, I think, have been minor ones, such as some bruising and subse-

quent swelling of stump, when probably the elastic ligature had been applied more energetically than was necessary. The method can hardly be called a new one, though I think to the ingenuity of Esmarch we are indebted for devising the means of making it so widely and generally practicable. But over and above these well-known and generally acknowledged advantages, I must for a few minutes draw your attention to its employment for another purpose—the cure of aneurism. The subject of aneurism was so fully and exhaustively treated by Mr. Pemberton, of Birmingham, before this Association, four years ago, that little can be added to what he then advanced; but in the case recorded by Dr. Reid, when ordinary appliances failed, a rapid cure was effected by the application of Esmarch's bandage and ligature. The subject was a sailor, aged thirty-seven, with popliteal aneurism. Compression was first tried by genuflexion, which caused so much pain and œdema of the leg that it had soon to be discontinued. Afterward, Carte's compres-

sor was applied at the brim of the pelvis, and again in Scarpa's space; but after four hours' continuous compression severe pain again put a stop to treatment; and though pulsation in the tumor had ceased, it shortly returned, the opinion being that, although circulation through the femoral was controlled, a free supply of blood got into the sac through the collateral branches. It was then determined to try the effect of Esmarch's apparatus, not so as to empty the sac of blood, but keeping it filled, so to cut off all circulation through the limb as to allow of the coagulation of the contents of the sac. The limb was enveloped in the bandage from the toes upward, but the bandage was passed very lightly over the knee, so as to exercise little pressure on the sac, and the thigh then enveloped to the middle third. The elastic ligature was passed round the thigh, and kept on for fifty minutes, when pain above the seat of the constriction necessitated its removal. It was then found that all pulsation had ceased; the aneurismal tumor was hard; and, as a means of precaution, a tourniquet was applied, at intervals, over the femoral for a few hours longer, to moderate the current of blood through the artery. Pulsation never returned, however, and the case when seen some months afterward was perfectly well.

#### Conium in Clonic Spasm.

The following clinical case, reported by Dr. Clifford Allbutt in the *Lancet*, has interesting therapeutic relations:—

M. E. W.—, aged twenty-six, was admitted into the infirmary on May 1st. She had lost her mother, and was an only child. After making inquiry, she stated that no near relation had ever been affected with epilepsy, chorea, or other nervous disease. She had occasionally suffered from frontal headache, which laid her up for two or three days, but had had no serious illness. Her occupation had been that of working a sewing machine.

About three months ago she began to start suddenly; in the day this occurred about once an hour, but at night she had fits of shaking, lasting about an hour. The attacks in the day grew gradually longer, and at the period of admission lasted about an hour and a half. Those at night, generally three or four in number, lasted about an hour. Three weeks after the commencement of these attacks she was married.

The attacks began with a fluttering sensation in the epigastrium, lasting a few seconds; then the whole body began to shake. The muscular tremor seemed greater in the back, but she could hold her hands pretty steady. When she laid on her side the abdominal muscles were lax, but when on her back the abdomen was tense, the thighs partly flexed, and the flexors working strongly. She complained of severe pain in the left hypochondrium, under the edge of the ribs, during the attacks, and there was some tenderness, on

pressure, over the end of the last rib. On admission the attacks came on about every hour. Her general health was good. Catamenia regular up to two months ago.

May 2d.—In the evening she took six drachms of the juice of conium.

3d.—Had a similar dose this morning. She slept better, but has had four attacks this morning. The conium affected her distinctly, making her feel tired and inclined to sleep. Took one ounce of the juice at 2 p. m., and remained perfectly quiet till 11 p. m., when she had another attack and took another similar dose.

4th.—Took one ounce of the juice in the morning and six drachms at night. She had three attacks before 10 a. m., and was then quiet till 5 p. m., when she had an attack lasting only thirty minutes.

5th.—Took the conium as yesterday; had no attack in the night, but suffered at 6.10 and 12 a. m., and 6 p. m.

6th.—Had an attack at 6 a. m., and took six drachms of conium.

8th.—Has had no further attack. Some little pain in left hypochondrium, with tenderness over two dorsal spines; was relieved by a blister over the tender part of the spine.

11th.—Has had no attack since the 6th. Is somewhat weak and anæmic, but feels stronger than on admission; sleeps well, and is free from pain; can now work a sewing machine without uneasiness. Discharged.

#### The Sulphide of Calcium in Itch.

Thomas M. Dolan, L.R.C.P.E., L.R.C.S.E., etc., Medical Officer Halifax Union Infirmary, and Halifax Fever Hospital, Yorkshire, writes to the *Medical Press and Circular*:—

An experience of seven years with over 700 cases of pure scabies has convinced me of the efficacy of the solution of sulphide of calcium in the treatment of scabies, and the satisfactory results obtained by its use induced me to introduce it to the notice of your readers.

It has the merits of being cleaner, easier of application than the greasy substances usually applied, and if properly used results in a certain cure within a brief period.

It is made, as its name implies, from lime and sulphur; the following formula, from many others, may be used:—

Flower of sulphur,	100 parts
Quicklime,	200 "
Water,	1000 "

Boil the whole for some time, allow the liquid to cool, and decant into hermetically-corked bottles.

It is sold by chemists in the form of a bright yellow solution, and hence is popularly called golden lotion.

Before applying it my patients are ordered a warm bath, so as to cleanse the body and excite healthy skin action; they are then painted with the solution and placed in bed in blankets.



Next morning they present a peculiar appearance, as, owing to the deposit of the sulphur, they are the color of a guinea. The beneficial results are soon manifest. The itching ceases, the vesicles shrivel up, and after another warm bath the patient may be discharged cured.

The over-use of this remedy causes troublesome irritation of the skin, and is often a source of anxiety and trouble until the cause of it is known. It should be at once stopped, and the patient bathed in soda water, when all ill effects will speedily disappear.

It has also the property of destroying anything of a fungoid growth.

When we have itch of long standing in irritable, badly-nourished, strumous subjects, other treatment has necessarily to be adopted to remedy the complications.

There is a sulphide of calcium in powder, of which I obtained a specimen, but it has not the same happy influence as the liquid I have been in the habit of using. There is also a bisulphide in the form of a clear, colorless fluid, of pungent odor, which is very irritating when applied to the skin.

It has no effect in destroying the *acari*, and produces when used an unpleasant erythematous rash.

The clothes of the patients must also be submitted to disinfection, which may be done by placing them in the old sulphur-stove, or by submitting them to heat in some such apparatus as Nelson's patent, whereby the *acarus* and its eggs are destroyed without injuring the garments.

#### On Sterility in the Female.

In the *Archiv für Gynäkologie* Dr. Grünewald speaks of the causes of sterility. His views give but little encouragement to a mechanical treatment of the causes of sterility. They rather lend their support to the views of those gynecologists who consider that general remedies, which improve the tone of the whole system, are as likely to be successful in affections of the uterus as in those of other organs.

The two maxims in which the author sums up the views to which his researches have led him are as follows:—1. Conception is only one link in the chain of phenomena which are involved in the propagation of the species, and its importance is relatively much less than that of many other vital processes which occur during pregnancy. 2. The woman's capability of maturing the impregnated ovum is the important element of her reproductive power, and it depends for its part on a certain amount of integrity in the tissues of which the uterus consists.

Inflammation of the body of the uterus—Dr. Grünewald's mesometritis—prevents the development of the ovum, according to the greater or less extent of tissue which it involves. It most frequently is the result of parturition, which explains why many women who suffer from it have become sterile after a single

pregnancy. Sterility from this cause is more intractable under treatment than that due to endometritis; for while 8.4 per cent. of those who were sterile from the latter recovered, only 3.1 per cent. of patients with the former conceived again.

Parametritis and perimetritis, which so often complicate other forms of inflammation, could be proved to be the sole cause of sterility in 10 per cent. of the whole number of barren women. They not only interfere with the nutrition of the uterus and its appendages, but also with their position, owing to the contraction of the adhesions and other inflammatory residua. They often begin in the first few weeks after marriage, and frequently relapse later on. The position of the exudation which they excite is, probably, of more importance than its size. The fact that some women in whom sterility from these causes has existed for a long time do again conceive may, perhaps, be explained by the development of a collateral circulation.

Sterility dependent on stenosis of the external os is, according to Grünewald, always the result of previous inflammatory processes, and may sometimes, though not often, be cured by dividing the stricture. With regard to flexions, he agrees with Scanzoni, that since the sound can almost always be made to pass the point where the bend exists without using violence, there is no reason to assume that the spermatozoa cannot also pass. As a fact, conception not unfrequently occurs in cases of flexion. New growths do not, according to Grünewald, interfere with conception so far as the uterus is concerned, unless they are large and affect its mucous membrane sympathetically.

#### Cases of Removal of the Spleen.

M. Péan, at the meeting of the Académie de Médecine (*Bulletin*, No. 29) on July 18th, exhibited two patients upon whom he had successfully performed ablation of the spleen in consequence of large tumors of the organ. The first was operated upon in September, 1867, and was shown to the Academy soon afterward, since when she has continued to enjoy excellent health. The second, a woman twenty-four years of age, was operated upon three months ago, in consequence of the success that had been obtained by M. Péan in the first case, and in gastrotomy in general. An incision having been made from the pubes to the epigastrium, the hypertrophied spleen was found extending from the left hypochondrium to the right iliac region. Owing to its friability, great precaution was required in removing it, a ligature having first been placed around the omentum *en masse* prior to the excision. The omental stump, containing some enormous sanguineous and lymphatic vessels, was brought down to the lower angle of the wound. Very little blood was lost; and the patient at the end of a month was enabled to resume her occupation in a good state of health, and completely cured.

## Comparative Researches on Milk.

The *Lancet* says:—Langaard has recently made some comparative researches on human milk, and that of the mare and of the cow. He corroborates the statements made by Biedart in regard to the differences between the milk, and especially between the casein, of the cow and that of human kind. Langaard notices that in koumiss the casein exists in the form of extremely fine flocculi. He finds that mare's milk (*stutenmilch*) is of alkaline reaction when fresh, and retains its alkalinity for two or three days, but then passes into an acid fermentation. It does not then, however, like cow's milk, assume a gelatinous form, but the casein separates in small flocculi. Dilute acids precipitate the casein immediately, but it is readily soluble in an excess. In the case of cow's milk the casein falls in dense masses, which do not readily redissolve in an excess. Alcohol and tannin precipitate the casein of mare's milk completely. If the casein be precipitated by alcohol and deprived of fat by ether, it may be obtained in the form of a fine, loose, slightly yellow powder, that resembles the casein of human milk in its solubility in water, dissolving much more easily than the casein of cow's milk. The watery solution is slightly opalescent, foams on being shaken, and has a neutral reaction. The dry casein is digested as rapidly as that of the woman. Langaard suggests that it would answer well as a preserved preparation.

## On Finger-contraction.

The treatment recommended by Dr. Madelung, of Bonn, for this deformity is as follows:—The patient is placed under chloroform, and his hand is laid on its back on a firm support. The hands of an assistant fix the forearm and the tips of the fingers. A piece of skin of an acute triangular form is raised, its base falling into the furrow separating the bent finger from the palm of the hand. Its apex meets that point of the palm of the hand where, with the utmost stretching of the same finger, diseased fibres of the palmar connective tissue are clearly discernible. The piece of skin is raised, beginning at the top, from the parts beneath, with the most extensive removal of the subcutaneous connective tissue. Then the operator pushes a scalpel along the whole piece of the fascia thus laid open, with small incisions into every place where firmer fibres show a stronger tension. Thus an entire portion of the fascia may be incised without danger of a lesion of the sheath of a tendon. The piece of skin is then sewn up with sutures, provided no tension is exerted, otherwise it is left to granulate. A light bandage is the only dressing required. No extension is kept up; nor are any extension movements begun until the wound has quite closed, and then of the most gentle description. The author has had a series of successful cases treated in this manner.

## REVIEWS AND BOOK NOTICES.

## BOOK NOTICES.

*The Medical and Surgical Directory of the State of Iowa.* By Charles H. Lothrop, M. D. Lyons, Iowa, 1876. pp. 246.

This volume is an example of what we wish every State would produce—a careful catalogue of all its medical practitioners. To be sure there is much in it which swells its bulk without adding to its worth, and it is disfigured by having advertisements scattered through the text—features by no means indispensable. Thus there is no necessity to have, in a State directory, the codes of ethics of the various schools of medicine. But these are slight drawbacks to the merit of the production. Professional directories have a more than passing value. They are historical monuments, increasing in value as years roll by, and by giving more ready access to the members of a guild, they are potent levers in elevating it intellectually and inspiring more harmonious feelings.

Dr. Lothrop's work gives the name and address of the physicians of all schools, the rosters of medical societies, of examining surgeons for pensions, of members of the United States Medical Association, etc.; also a list of all medical and charitable institutions, an abstract of medical laws and some reminiscences of pioneer practice. He deserves congratulation on having so successfully completed a task, the irksomeness of which can be appreciated only by those who have engaged in labor of the kind.

*Transactions of the Medical Association of the State of Missouri, at its Tenth Annual Session, April, 1876.* pp. 79.

Though not large in size, this volume contains several very good papers; in fact, all its contributions deserve high commendation. They are on topics of importance, and are well written. None of them serve as mere "padding."

The following is a list:—

President's Annual Address—"Nerve Section for Neuralgia" and "Reflex Induration of Penis." By Jno. T. Hodgen, M. D.

Blepharospasm. By Wm. Dickinson, M. D.

Torticollis. By A. J. Steele, M. D.

Report on Progress of Surgery. By E. H. Gregory, M. D.

The Use of Warm Water in Severe Injuries. By J. W. Trader, M. D.

Case of Resection of Knee-joint. By A. P. Lankford, M. D.

We have marked various extracts from them, which we propose giving in the future.

# THE Medical & Surgical Reporter.

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D. G. BRINTON, M. D., EDITOR.

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## THE TECHNICS OF VACCINATION.

Our recent editorial on vaccination from bovine lymph has led to several inquiries from readers, which embrace points of such general interest that we will devote to them a second article on the same subject.

The disease vaccinia is *not* producible by vaccinating a cow or heifer with humanized virus. The appearances are different. It is producible by vaccinating with the lymph of the true cow-pox pustule.

The best vaccine lymph for general use is *not* that taken from the cow while suffering under vaccinia, but from a healthy heifer which has been vaccinated with such lymph. An experienced Scotch practitioner, Dr. J. P. CASSELLS, remarks on this subject, in the *British Medical Journal*, that the resulting inflammation in children, from cow lymph, is always alarming, and not free from the possibility of danger; but, after cow-pox lymph passes through the body of the younger animal, it becomes very much modified in its action, both locally and

generally, without having its protective power weakened. Pure heifer lymph is, however, very active in its effects, much more so than ordinary human lymph; but even the former loses much of that activity, and, doubtless, a large share of its power as a protective, after it becomes humanized by passing through the body of the young child. Even though the effects of the pure heifer lymph be severe, there is no danger from them, and no after ill-results.

This same respectable authority expresses his opinion of the relative merits of humanized heifer virus in the following strong terms:—

"In conclusion, I may say that the results of the experience gained from this practice, carried on with the strictest regard to scientific accuracy, was to convince me that arm-to-arm vaccination in these days was mostly unreliable as a protective, a delusion and a snare; and that the nearest approach to complete protection from the influence of small-pox was obtainable, and only is obtainable from pure and fresh heifer lymph; and further, that it is not possible to exterminate small-pox till the practice of vaccination from the heifer becomes general."

There is support for this position in the recent English mortality returns. The *London Lancet*, of July last, has this startling heading to one of its editorial articles, "The Increasing Fatality of Small-pox." Since the beginning of the year, the Registrar General of England had reported 379 fatal cases in Manchester and 111 in Liverpool. More than 1500 people in Lancashire alone had suffered from the disease. Vaccination had proved a protection, as while among the unvaccinated the deaths were 61.1 per cent., among the vaccinated the mortality was 13.5 per cent. But evidently vaccination is far from a complete protection if this is the best it can do, and the hope of rendering small-pox a disease of little danger, is but a dream.

But we fearlessly assert that if vaccination is *well performed* from heifer lymph, no such mortality as *thirteen and a half* per cent. will ever be heard of.

The intelligent application of this lymph is

all important. We could relate amusing instances of the reverse of it. A physician who had received a crust, wrote that he had vaccinated fifty children with it, and not one had taken! It would have been surprising to have heard of any other result. Another became even abusive because the quills sent him *had nothing in them!* A third stated he had soaked the quills in boiling water, and yet when he had used them he did not produce a vesicle! A fourth, that he had used one quill on twenty arms, *all failures!*

Now as we before said, crusts are an uncertain form of heifer-lymph. When used, three or four times the amount, softened to the consistence of cream, should be spread on the scarification and carefully dried. One crust could not thus suffice for more than seven or eight arms.

A "quill" will not vaccinate properly more than four, a "point" more than two arms. The ivory "points" are small plates of ivory, about an inch long, and an eighth or a quarter wide, as thick as card-board, square at one end, pointed at the other. The latter end is charged with the lymph, on both faces, by dipping it into the pustule to the extent of half an inch. The directions for using them successfully are thus given by Dr. WARLOMONT, of the Belgian Vaccinal State Institute, in his pamphlet now before us:—

"Thus prepared, our vaccine points preserve all their power for weeks, months, and even years, which is explained by this—that the liquid part has removed, by the evaporation from the solid parts or granulations of vaccine, those elements which promote putrefaction.

"In order to make use of the points, we must open a gate of entry for the lymph larger than punctures make, and for this purpose we must act as follows:—

"Deposit on one of the faces of the ivory point, and then on the other, one drop of *tepid* water, which is left there until the lymph is well softened. Then make, at one millimetre from each other, two or three scarifications of about four millimetres long, only cutting

through the epidermis. If a little blood flow, let it dry; then draw over the wound, when quite stanch, for some time, and on its flat side, the plate charged with well-softened animal vaccine. If any blood has been mixed with it, collect all on the incisions and let it dry there."

If such directions are faithfully observed, there will be no complaint of failures.

#### THE DISPOSAL OF THE DEAD.

This subject continues to engage the active attention of the profession in Europe. In the continent we inhabit, land is so cheap, so much in excess of our wants, that what we spare for cemeteries is not seriously felt, except when they are located in the boundaries of growing cities. But in the closely-packed States of Central Europe this is far from being the case. Hence it becomes a really serious problem what to do with the cadavers, that they may not impede or injure the living.

One of the latest suggestions is that of M. GRATRY, which he has formally submitted to the Parisian prefecture. Having traveled in Spain and Portugal, he had noticed that in those countries the dead are walled up, above ground, in constructions built for the purpose. He concluded that a close-fitting coffin of wood, or of wire, might be used, which could be covered with a layer of cement, a few inches in thickness. This would soon harden, and form an impenetrable, durable casing. The advantages of this method he sets forth as numerous. There is no escape of the gases of decomposition, no danger from epidemic exhalations, transportation is easy, cleanly, and unobjectionable, subsequent examinations for medico-legal purposes are facilitated when they are required, and, last but not least, in these practical days, the cost of this plan is very light. Of course, burying-grounds, strictly so called, are rendered needless by this method of disposing of corpses. The more or less ornamental masses of cement which enclose the departed could be arranged in galleries, or erected into appropriate structures, or,



if preferred, kept by the wealthy in mortuary buildings set apart for the purpose. He states that the changes which the corpse undergoes, when thus excluded from the air by the cement coating, are first into adipocere, and then into a condition of mummification, which are more agreeable to think of than putrefaction.

Meanwhile, the advocates of cremation continue to urge this plan on the public, but we believe it can never become popular. In the Brussels Exhibition there is a cinerary urn with the inscription, "The ashes of an Italian gentleman, sixty years of age, cremated in two hours. He weighed fifty kilogrammes."

Colonel Ross, the British resident at Bushire, on the Persian Gulf, has just transmitted to the British Museum a collection of antique articles, including a large vase of unbaked clay, in which were found human remains. It is shaped like a bottle, the neck of which has no opening, but is pointed as if designed to be set in the ground, the opening being at the larger end. Other burial cases are described, which appear to have been moulded upon the body and then subjected to the action of fire. These cases are pierced with many holes, as if to permit the escape of smoke and gases. If cremation should be resorted to, it would certainly seem that these Asiatics of the Parthian era had shown us a better than any modern way. They brought the process to a good degree of time-saving perfection. To reduce the remains to cinders, and in the same process enclose them in the urn, is a method which can hardly be improved upon in its utilitarian simplicity.

## NOTES AND COMMENTS.

### The Antiseptic Methods.

As there was some discussion a few months back, in this journal, about these methods, we may state that there are three; those of Mr. Lister, and of M. A. and J. Guérin, of Paris.

M. Alphonse Guérin is as anxious as the Edinburgh professor to exclude air, in its ordi-

nary condition, from wounds. To attain his end, M. Guérin dresses wounds with thick layers of cotton-wool; and he believes, with Professor Tyndall, that the wadding arrests the germs, and allows pure air to reach the denuded surface. The layer is left a long time, and when removed exposes a healthily granulating wound. This practice has been carried on by himself and others, for several years, with great success. M. Jules Guérin's uses led him to introduce what he calls his pneumatic method. This consists in placing a stump, after amputation, in a bag from which the air has been drawn, and here again we are told of successful cases. In all the three methods to which we have alluded, suppuration is either very slight or does not occur at all. The elder Guérin (he is between seventy and eighty years) taxes the younger with having simply copied him, and being quite innocent of a discovery. The younger retorts sharply, and shows that his system has nothing to do with pneumatic occlusion, and that he considers the air, when properly purified, a very wholesome agent. All the three inventors wish to exclude germs—Mr. Lister, by means of powerful antiseptic fluids and careful occlusion; M. Guérin, Sr., by excluding the air altogether, and M. Guérin, Jr., by entangling the germs in his cotton-wool layer.

### Powder for Producing Czone.

Speaking of the formula for this purpose, given from Mr. Lender, in this journal, May 20th, a writer in the *American Journal of Pharmacy* says it is one of the best, but adds this caution:—In mixing these ingredients, trituration should not be used at all, but they should be cautiously mixed, with a spatula, in small quantities; and even then, if they should have been reduced to a fine powder, they cannot be mixed without danger, as the mixture is liable to explode at the moment of contact.

### Shortening in Fractures.

The following statement of Dr. E. H. Gregory, of St. Louis, contained in his report in the *Transactions* of the Missouri State Society, embodies a truth which both the profession and the public should recognize:—

Shortening is inevitable in all fractures, as reunion is not likely without new material, nor is new material simply interposed between the

divided surfaces, but the disintegration of those surfaces and their replacement by germinal tissue must occur. This, with the fact that shrinkage in new material is as inevitable as the expansion of water in the act of freezing, is quite sufficient. My assistant, Dr. Carson, has practiced the careful measurement of all fractures in the St. Louis Hospital, and finds shortening in all, the shortening seemingly in proportion to amount of injury, the latter determining the amount of new material in repair. No one expects to escape more or less deformity after injury of soft parts. Cicatricial contraction holds in every tissue of the body, bones forming no exception.

#### The Gouty Ear.

A review of Dr. Garrod's recent edition of his book on gout says that he has not yet associated in his experience a full, fleshy, red, tense ear-lobe with gout. It is found in persons of full habit, while the ears given here are rather the thin ear of the lean. The relations of a gouty condition with disease in the kidneys are more strongly brought out in this than in previous editions. The chapters on the origin, pathology, and morbid changes are good, and that on treatment is well deserving of careful study. Guaiacum is strongly recommended.

#### Remedy for Dandruff.

The *American Journal of Pharmacy* says:—A French physician recommends to apply a solution of chloral hydrate containing 5 per cent. of the latter, by rubbing from  $\frac{1}{2}$  to 1 ounce into the scalp by means of a sponge, and repeating it every morning. A slight burning sensation and reddening of the scalp occurs, disappearing after two minutes. If the hair had fallen off in consequence of the dandruff, it will be renewed in about a month.

#### Poisonous Hams from Cincinnati.

Professor Bouchardat, of Paris, in his capacity as member of the Council of Hygiene and Salubrity, lately brought to the notice of the authorities that certain preserved meats, imported from foreign parts, were not only unfit for human food, but that in many cases they were even positively dangerous, as they contain poisonous substances. Thus, in a report submitted to the Prefect of Police, M. Bouchardat pointed out that in a specimen of ham, said to

be imported from Cincinnati, the ham was enveloped in a cloth saturated with a yellow substance. This yellow substance has proved to be composed of the chromate of lead, a most deadly poison. It was suggested by the report that particles of the yellow substance may become detached, and be mixed up with the alimentary substances vended by grocers and others, and thus run the risk of poisoning those who make use of them. By a decree from the police, the substances so enveloped were seized and buried underground, and future supplies are to be treated in a similar manner. M. Bouchardat suggests that, if the American purveyors prefer to have a yellow envelope around the alimentary substances they export, the chromate of lead may be substituted by any other yellow substance—turmeric, for instance, which is known to be entirely harmless.

### CORRESPONDENCE.

#### Prurigo of Gestation.

ED. MED. AND SURG. REPORTER:—

A peculiar case came under my observation a few months ago. It was the lady's second pregnancy, and about the eighth month. She first began to complain of intolerable itching over the most prominent portion of the abdomen, which grew daily more rough by the enlarging papule. It spread rapidly till about the entire surface of the body was covered, being worst on the abdomen, shoulders and arms. It finally involved the scalp and face, and also the feet. Fortunately the patient had great force of character, and abstained from scratching. According to her own words, she feared the intolerable itching would drive her to madness. I assured her the affection was a neurosis dependent on her condition, and that it would disappear at parturition. The prediction was verified, to the patient's great relief.

The distention of the abdominal muscles was very great, which may be accounted for by the appearance at birth of a pair of healthy twin boys, aggregating fourteen pounds and a quarter.

I may add that I used almost every remedy except tobacco and electricity, both externally and internally, but with very little benefit to the patient. Saline purgatives, liquor potassa, anæsthetic lotions, carbolic acid, hydrocyanic acid, and zinc unguents were alike ineffectual.

The warm bath, with castile soap, afforded her temporary relief. To this she was obliged to resort every few hours, night and day, for several weeks preceding full term. As many as four times in one night did she arise from bed and take her bath, which was each time followed by an hour or more of refreshing sleep. The skin

of the face and other parts of the body was congested and somewhat thickened, and the hair of the head fell off in the course of a few months, as after a severe fever. The patient had a good "getting up," and has fully recovered. The children are unusually vigorous, clean and healthy. A. D. BINKERD, M. D.

Karns City, Pa.

[In cases similar to the above, chloral has almost invariably proven of value. It may be rubbed up with glycerine or water.—Ed.]

## NEWS AND MISCELLANY.

### The American Association for the Cure of Inebriates

Will hold its seventh annual meeting, at the Hall of the College of Physicians, Philadelphia, September 26th, 1876. Sessions to commence at 10 A. M.

Papers on the following subjects have been announced:—

"Causes of the Increase of Inebriety," by Dr. George M. Beard, New York city.

"Insanity and Inebriety Contrasted," by Dr. Joseph Parrish, Burlington, New Jersey.

"Inebriate Asylums and their Management," by Dr. D. G. Dodge, Superintendent New York State Inebriate Asylum, Binghamton, N. Y.

"Epilepsy and its Relation to Inebriety," by Dr. E. P. Mann, Superintendent of Ward's Island Hospital for Insane.

"Duration, Mortality and Prognosis of Inebriety," by Dr. T. D. Crothers, Assistant Physician New York State Inebriate Asylum.

The address of the President, Dr. T. L. Mason, of Brooklyn, N. Y., will be delivered in the evening.

Other papers and reports of great interest will be read.

The medical profession are especially invited to attend.

### Yellow Fever at Savannah.

"The epidemic of yellow fever at Savannah, though not severe, has shown its usual fatality. The last of August about twelve interments a day were from that cause. Everything in this disease depends on treatment: wisely treated, it is rarely fatal; carelessly or ignorantly managed, nearly always so.

The Savannah News of September 11th says:—

"The fever appears to be gradually making its way from the eastward, and cases are reported as far west as Habersham street from that portion of the city. In the meanwhile it has jumped across to the western and southwestern portions of the city, where it seems at this time to be more fatal than elsewhere, and is progressing westward. Besides this, cases are scattered throughout the city, particularly in the section from South Broad street south, and between Jefferson and West Broad. We

repeat what we have heretofore said, that those who are in the city are calm, and that there is no excitement. There is a great deal of distress among the poorer classes, but the efforts of the Benevolent Association and citizens generally are doing much to relieve it. Contributions are being received from other places, and they are gladly accepted. From information gained by the Benevolent Association, it appears that the prevailing sickness is assuming the various milder types of fever. Robertsville is reported as being very sickly.

"Our physicians are working bravely in the cause, and many of them have but little rest, answering every call with promptness. How long they will be able to keep up under the present pressure it is difficult to say.

"Four fatal yellow fever cases are reported among the colored people."

### American Pharmaceutical Association.

This body commenced its twenty-fourth annual meeting, in Philadelphia, on Tuesday, September 12th, at 3 P. M. The members are combining business and pleasure. On Wednesday and Friday they visited the Exposition, and inspected the pharmaceutical exhibit. On Thursday, Saturday, and Monday of the succeeding week, meetings were held at the College of Pharmacy. On Tuesday an excursion was made to the Switchback. The session was an unusually full one, and much business of importance was transacted.

### Artificial Limbs.

There are no more artificial limbs to be issued to Union soldiers. The following is official information on this subject:—

"WAR DEPARTMENT,  
SURGEON GENERAL'S OFFICE,  
WASHINGTON, D. C., September 12, 1876. }

"SIR:—Your application for the value of an artificial limb has been received and placed on file.

"The appropriation for this purpose for the present fiscal year being already exhausted, it will be impossible for this office to take any further action until Congress shall have appropriated the necessary funds. Very respectfully, your obedient servant, J. K. BARNES,

"Surgeon General United States Army."

### A Hospital in a Crater.

The Board of Physicians of the Neapolitan Hospital for Incurables have determined to build a hospital in the crater of Solatana, lying between Naples and Pozzuoli, in Southern Italy. The vapor that arises from the crater has been found to be charged not only with sulphur but also with arsenic, and it is said that several persons suffering from lung diseases have been restored to health by inhaling this vapor for a few weeks.

### The American Leech Trade.

One of the oldest American leech dealers has been interviewed by the correspondent of a cotemporary. His opinions are as follows:—

"The American leech I believe to be utterly valueless. I have received fine-looking specimens from Mississippi and Pennsylvania, but I found them wholly worthless. They are far inferior to even some European varieties of the *hirudo decora*, which cannot easily be induced to bite unless blood be drawn to excite them. I consider six Swedish leeches equal to at least one hundred of any American variety. Those exported to America are generally full of blood, and at Rhode Island there are immense purging ponds in which the newly-arrived leeches are placed, and left to digest their last meal. Until it has been perfectly digested they are useless. These ponds belong to Mr. Witte, who does nearly all the importing for American leech doctors, and he charges an extra price for the ponded leech, because the leeches must remain at least a year in the purging pond. It takes a year for them to get rid of one good meal. The leech can live on almost nothing; its vitality is absolutely prodigious; it has been known to live in the human stomach, and to make its home in the human intestines. They live to a prodigious age, from fifty to one hundred years. But it is a curious thing that they are constitutionally delicate creatures. If deprived for a considerable time of clay or turf to burrow in, they are liable to disease. They are carried off by epidemics peculiar to leech life, some of which appear to be skin diseases. I have to nurse them pretty carefully, and when I find one leech sick I put him in the leech hospital. A milk diet frequently restores sick leeches to perfect health."

### The Medical Profession in Russia.

A correspondent of the London *Chemist and Druggist* writes from St. Petersburg:—

"The medical profession in Russia, in the persons of their most eminent and active members, are not only noted for their zeal in following the progress of the various improvements, discoveries, and inventions in the science of medicine abroad, but likewise take an active part in them themselves. Latterly, several inventions in connection with surgery have been made by Russian surgeons, which have arrested the attention of foreign specialists, but as the manufacture of chiralurgical instruments is not sufficiently advanced for carefully carrying out these inventions, the inventors are compelled to have recourse to foreign makers. This is the case also with many indispensable apparatus and appliances used in hospitals, the medical sections of universities, and in private practice. Among the manufacturers of surgical instruments in Russia may be noticed the establishment of the Medical Department of the Ministry of War. It has existed for over a century, and is the last rem-

nant of an entire system for supplying Russia with surgical instruments and appliances. As long ago as 1830 the Government deemed it necessary for their purpose to establish workshops in connection with the Government apothecaries' shops, of which there were several in the capitals and in the towns of the interior, and at Tobolsk, in Siberia. However, with all this, surgical instruments continued to be imported from Stockholm, London, and Dantzic, but principally from Paris. From an old catalogue, which has been preserved, of the instruments of the Chirurgical Arsenal of the Medical Chancellerie, as it was called, for the year 1759, it would appear that the business in those days was in an unsatisfactory state. In time all the Government workshops were abolished, and now only one remains, the St. Petersburg establishment, in which the principal extensions and improvements were effected in 1820, but more especially between 1840 and 1845, when the German surgical instrument maker, Kleinsang, from Würzburg, in Bavaria, undertook the management of affairs. From that time the Government factory has served as a kind of model or school, where private workers can learn the various improvements introduced in the manufacture of surgical instruments in Western Europe. Foreign surgical instruments are now imported chiefly from Paris, London, and Berlin, but more especially from the former town, preference being generally given in Russia to surgical instruments of French manufacture."

### Inventiveness of Suicides.

The great truth that private enterprise is more productive than any government supervision can be, is happily illustrated by the information, for which we are indebted to a French writer, M. Camille Debans, that while individuals have discovered one hundred and seventy-four different ways of committing murder (exclusively of the regular medical profession), the governments of the world, civilized and uncivilized, have hit upon no more than fifty-four different ways of inflicting the death penalty.

### Items.

—"Roots, Erbs and Medacle barks" is a New York sign.

### DEATHS.

OWENS.—Sunday, September 3d, at 7 P. M., at the residence of her brother, Jno. W. Morton, M. D., near Waterford, Mississippi, Mary E. Owens, aged 38 years, 2 months, 8 days.

### BIRTHS.

PENNELL.—Born, on Thursday, September 7th, 1876, a daughter, to Dr. W. W. and M. M. W. Pennell, Nashville, Ohio.